

NELR ES/CD TRAINING FEEDBACK FORM

NAME: SIGN: _____ DATE:

MISSION# MISSION DATE MISSION LOCATION INCIDENT COMMANDER

1. MISSION OBJECTIVES: (*Mission scenario and objectives? Were all mission base personnel briefed on the purpose of the mission? Were goals communicated?*)

Mission scenario and objectives?

Were all mission base personnel briefed on the purpose of the mission?

Were goals communicated?

2. OPERATIONS PLAN: (*Was a plan developed for the activity? Was it relevant to mission objectives? Is it in compliance with directives? Did it achieve objectives?*)

Was a plan developed for the activity?

Was it relevant to mission objectives?

Is it in compliance with directives?

Did it achieve objectives?

3. SAFETY CONSIDERATIONS: (*Did IC stress safety? Was a Safety officer designated? Were thorough briefings given to all members? Was the safety officer monitoring all aspects of the mission throughout the entire day? Was risk assessment used?*)

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Was a Safety officer designated?

Were thorough briefings given to all members?

Was the safety officer monitoring all aspects of the mission throughout the entire day?

Was risk assessment used?

4. APPROPRIATE USE OF FEDERAL FUNDS: (*Was training in accordance with CAP regulations/directives? Were resources used appropriately? Was the training listed on the approved CAP Form 10 accomplished?*)

Was training in accordance with CAP regulations/directives?

Were resources used appropriately?

Was the training listed on the approved CAP Form 10 accomplished?

5. UTILIZATION OF CORPORATE AIRCRAFT: *(Were corporate aircraft fully utilized before member owned aircraft? Were aircraft assigned missions appropriate to capabilities? What is the condition of corporate aircraft using the CAP-USA F Form 12 inspection?)*

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Were aircraft assigned missions appropriate to capabilities?

What is the condition of corporate aircraft using the CAP-USA F Form 12 inspection?)

6. STAFF EFFECTIVENESS: *(How well did the staff interact? Was communication between staff effective, as measured by mission accomplishment? Were periodic staff meetings held? Was training effective? Did the Wing attempt to incorporate ICS into the exercise? Were POD's properly calculated? During a SAR exercise, could the staff determine the number of sorties needed to achieve an 80% POD?)*

How well did the staff interact?

Was communication between staff effective, as measured by mission accomplishment?

Were periodic staff meetings held?

Was training effective?

Did the Wing attempt to incorporate ICS into the exercise?

Were POD's properly calculated?

During a SAR exercise, could the staff determine the number of sorties needed to achieve an 80% POD?

7. MISCELLANEOUS: *(Were checklists utilized? Were mission dollars accurately tracked? Was Operations Risk Management used? Were crew rest/duty day limitations in CAPR 55-1 and 60-1 followed? Were weight & balance calculations performed correctly? What staff position was not filled and why?)*

Were checklists utilized?

Were mission dollars accurately tracked?

Was Operations Risk Management used?

Were crew rest/duty day limitations in CAPR 55-1 and 60-1 followed?

Were weight & balance calculations performed correctly?

What staff position was not filled and why?

8. ADDITIONAL COMMENTS: *(Any other comments of value that can be used during subsequent training missions to improve the overall performance of the wing?)*

9. OVERALL: *(Based on the parameters of the Evaluation Checklist used during the SAR/DR/CD Evals)*

EVENT GRADE:

RESOURCES:

MC
AIR
GRD OPS
COMM
SAFETY

SENIORS:
CAD'S:
CORP A/C:
NON A/C:
VEHICLES: